



Missouri Department of Health and Senior Services

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February 3, 2022

Standing Order to Administer ACON Flowflex COVID-19 Antigen Home Test in Regard to Emergency Medical Services

Purpose

To enable communities the opportunity to implement additional quarantine options in an effort to increase compliance with quarantine recommendations through use of the ACON Flowflex COVID-19 Antigen Home Test to test symptomatic or asymptomatic individuals.

The ACON Flowflex COVID-19 Antigen Home Test may be used to test symptomatic or asymptomatic emergency medical services (EMS) personnel from any ground, air, advanced life support emergency medical response agency (ALS EMRA), or EMS education entity in Missouri who is considered a close contact of an individual with SARS-CoV-2, and has remained in quarantine for seven full days without symptoms of SARS-CoV-2. Symptoms are a new cough, difficulty breathing, loss of taste or smell, fever ($\geq 100.4^{\circ}\text{F}$), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, and myalgia.

Policy

This standing order authorizes any Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or EMT-Paramedic (EMT-P) who is licensed by the Missouri Department of Health and Senior Services, Bureau of EMS, to test symptomatic or asymptomatic staff members from any ground, air, ALS EMRA, or EMS education entity in Missouri with the ACON Flowflex COVID-19 Antigen Home Test. After receiving documented training, the designee of any aforementioned EMT, AEMT, or EMT-P may also administer this test.

Procedure

1. Evaluate individuals with the above criteria for symptoms of COVID-19 in the past seven days
2. Calculate the number of days of quarantine to assure that testing on an asymptomatic individual is on or after seven full days of quarantine
3. Provide Flowflex Fact Sheet For Patients
4. Offer opportunity for questions
5. Ensure permission has been obtained
6. Administer the test pursuant to the Product Insert and Procedure Card
7. Document
 - a. Date, time, location of test
 - b. Name, title, and professional license number of person administering the test
 - c. Name of test and manufacturer lot and number
 - d. Results of the test
 - e. Presenting symptoms

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- f. Verification of signed consent form
- 8. Submit the required data and all test results via secure file transfer protocol in accordance with the procedure specified by the Missouri Department of Health and Senior Services (DHSS) within twenty-four hours of each test's administration.

This order and procedure shall remain in effect until rescinded or until December 31, 2022.



George Turabelidze, MD